

<https://shreedadueducational.com/journal> Crossref DOI: 10.47997/SDES-IJIR/2-04-2021.**PREVALENCE AND SEVERITY OF PNEUMONIA AMONG CHILDREN****MR. AMIT KUMAR KUMAWAT (PHD SCHOLAR)****Mahatma Gandhi Nursing College, Sitapura, Jaipur****Corresponding Email: amitkumawat2013@gmail.com****ABSTARCT**

Pneumonia is the leading cause of death in children, accounting for about 17% of 6.3 million child deaths in 2010—more than HIV, measles, and malaria combined. It is also present considerably to the health care use in children, approximately 120 million episodes annually.

Keyword: Prevalence, severity, pneumonia, children

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INTRODUCTION: -

The pneumonia burden excessive high in African children, approximately 36 million pneumonia cases and 600 000 deaths annually by the pneumonia. Chronic respiratory complications such as bronchiectasis frequently arise after childhood pneumonia, in up to 13% of children admitted to hospital. It is understood of the incidence and severity of childhood pneumonia is very important to know the prevention, plan health system, and make estimate of burden of disease. Childhood pneumonia causes substantial mortality, morbidity. After implementation

of pneumococcal conjugate vaccine Accurate measurements of pneumonia incidence is scarce in low-income and middle-income countries, particularly. In the first year of life in children, aimed to assess the incidence, severity, and risk factors for pneumonia enrolled in an India birth cohort.

EPIDEMIOLOGY: -

There are approximately 120 million cases of pneumonia annual in worldwide, may result in as 1.3 million deaths. Younger children under the age of 2 year in the

developing countries, account for nearly 80% of paediatric deaths secondary to the pneumonia. The Prognosis of pneumonia is good in the developed countries, with less lives claimed, but the disease burden is extreme, with estimate 2.5 million cases yearly. Incidence rate of a third to half of these cases lead to hospitalizations.

For this study of pneumonia, Identified the 35 cohort studies, from which we derived a median global estimate of prevalence. With this so-called global cover defined, we use the information regarding the prevalence of five major risk factors for incidence at country level to estimate country-level incidence, which we summed to derive regional estimates. The identified a subclass of community-based studies that included data for the proportion of cases of pneumonia that presenting as severe.

Childhood clinical pneumonia is mainly caused by exposure to risk factors relating to the host, the environment and infection. Risk factors like lack of the exclusive breastfeeding, low birth weight (LBW), Low-nutrition, air pollution, overcrowding and lack of measles immunization are associated with pneumonia. These risk

factors are categorized as definite, likely and possible based on the evidence pointing to their role in the pneumonia.

INCIDENCE AND PREVALENCE

Globally Pneumonia is the most common disease affecting both infants and children. It is the most common cause of under-5 mortality rate and contributes to the estimate of 15% of under-5 mortality in 2017, killing an approximately 808,920 children.

World Health Organization (WHO) data indicate that the acute respiratory infections (ARIs) are the second most common leading cause of disability-adjusted life years lost around the world-wide. During the Millennium Development goal era, from 2000 to 2015, the WHO-led ARI control program is reduced the burden of pneumonia deaths from 1.7 million per annual cases to 0.9 million, 30% decrease in burden. During the same time, the pneumonia mortality rate decreased by estimate 51%.

The ARI control program is depending on the early identified and treatment of the children with signs and symptoms suggestive of pneumonia, presuming a bacterial cause. The WHO and United

Nations Children's Fund (UNICEF) in 2013, published the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD), which outline a framework for end the preventable child deaths due to diarrhoea and pneumonia by 2025. The GAPPD point up a "protect, prevent, and treatment" approach and includes provoked effective interventions.

However, this estimate suggested that the sustainable development goal to eliminate preventable child deaths by 2030 will remain improbable unless deaths due to the childhood pneumonia are significantly reducing. It is more knowledge on the risk factors affecting the severity of pneumonia is required to decrease the deaths from childhood pneumonia.

Many Studies from low/middle-income countries have tried to identify the risk factors for severe pneumonia, but only a few studies in the India have reported the risk factors for the severe pneumonia. More clinical studies in the India are needed as the country alone contributes to 32% of the annual global burden of childhood pneumonia. India is the highest number of global U-5 deaths due to childhood

pneumonia with an estimated 508 deaths per day in 2017. No any clinical study on the risk factors for child hood pneumonia has been published from the state of Madhya Pradesh (MP), in India. Since MP is the one of the highest infant and childhood mortalities in India, the present study has been undertaken to fill the evidence gap on the risk factors for severe child pneumonia. The aim of this study is to develop recommended for suitable interventions to addressing the demographic, socioeconomic, and environmental risk factors for severe pneumonia among children in the age range of the 1–59 months in Ujjain, MP, India.

CONCLUSION: -

Childhood Pneumonia is the leading cause of death in children. So It is important for knowledge about for the risk factors and predisposing factors affecting the severity of pneumonia is required to decrease the deaths from childhood pneumonia.

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